## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006035

FILED Jan 13, 2005 Secretary of State

Entity Name: WOMAN AT THE WELL, OF OKEECHOBEE, INC.

Current Principal Place of Business: New Principal Place of Business:

1404 SW 2ND AVE OKEECHOBEE, FL 34974

Current Mailing Address: New Mailing Address:

PO BOX 553 OKEECHOBEE, FL 34973

FEI Number: 02-0624933 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, MICHAEL G 208 NE 2ND ST OKEECHOBEE, FL 34972 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Flacture is Company of Danistand Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 BROWN, TERESA
 Name:
 BROWN, THERESA

 Address:
 PO BOX 120
 Address:
 PO BOX 120

City-St-Zip: OKEECHOBEE, FL 34973 City-St-Zip: OKEECHOBEE, FL 34973

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CURRIER, MARY
 Name:

 Address:
 152 FREEPORT KAY
 Address:

 City-St-Zip:
 VERO BEACH, FL 32966
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name: KELLY, MONA Name: KELLY, MONA

Address: 1404 SW 2ND AVE Address: ORU CPO BOX 710526, 7777 S. LEWIS AVE

City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: TULSA, OK 74171

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA R. BROWN D 01/13/2005